

APPLICATION FOR EUROPEAN CORN BORER AUTHORIZATION

PLEASE TYPE or PRINT THIS FORM AND RETURN IT TO:

Kansas Department of Agriculture Plant Protection & Weed Control Program 1320 Research Park Drive Manhattan, Kansas 66502 Telephone: 785-564-6698 FAX: 785-564-6779 Email: ppwc@kda.ks.gov

APPLICATION FOR EUROPEAN CORN BORER AUTHORIZATION

The undersigned makes the following statements for the purpose of requesting a facility inspection to meet the quarantine and plant protection requirements of the designated states to ensure regulated commodities are free from the European corn borer. Where handling of regulated commodities will require separate shipments, the applicant further applies to have the listed person(s) designated as agents to issue and sign certificates for each shipment. The applicant agrees to abide by all appropriate rules and regulations of the destination state with regard to the shipment of regulated commodities.

1. COMPAN	NY INFOR	MATION				
Firm Name:_						
Address:						
City:			State:		Zip:	
Telephone:_		F	AX:]	FEIN:	
you wish t space is no	to have insp	se attach an a	horized in or	der to ship		t have screens If additional
Firm Name		City, State				

	Ill locations where a portable screen may be used.
Firm Name Address City, State	ZIP Code Phone
3. Circle regulated commodities mo	st likely to be shipped.
corn sorghum sudangrass bro	oom corn beans in pod
4. Circle the state(s) to which regula	ated commodities may be shipped.
Arizona California Flordia F	Hawaii Idaho Nevada
New Mexico Oregon Utah V	Washington
Gray, Hale, Hansford, Hartley, Hutchi Potter, Randall, Roberts, Sherman, and	on except Bailey, Carson, Castro, Dallam, Deaf Smith, Floyd inson, Lamb, Lipscomb, Moore, Ochiltree, Oldham, Parmer d Swisher. Regulated grain transiting Texas for export to a ification if it shipped to a port elevator operated under Federa
	issue certificates. Include signatures and location of each needed, please attach an additional sheet.
Name Location (City) Signature	
Inspections and certification authorization	ions expire annually on December 31.
Applicant Name	Applicant Signature
Title	Date